

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name HOTEL REHAB SPECIALISTS LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 47-5104917

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

406 Northwest Highway
Fox River Grove, IL 60021

Number, Street, City, State & ZIP Code

McHenry

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.hotelrehabllc.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **HOTEL REHAB SPECIALISTS LLC**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

2366**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **HOTEL REHAB SPECIALISTS LLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☒ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☒ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **HOTEL REHAB SPECIALISTS LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 26, 2018**
MM / DD / YYYY

X /s/ Victor Solarte

Signature of authorized representative of debtor

Victor Solarte

Printed name

Title **President**

18. Signature of attorney

X /s/ Derrick B. Hager

Signature of attorney for debtor

Date **April 26, 2018**

MM / DD / YYYY

Derrick B. Hager 6286310

Printed name

Derrick b. Hager, P.C.

Firm name

**245 W. Roosevelt Rd.
Building 15, Suite 119
West Chicago, IL 60185**

Number, Street, City, State & ZIP Code

Contact phone **630-587-7490**

Email address **dirkhager@sbcglobal.net**

6286310 IL

Bar number and State

Debtor HOTEL REHAB SPECIALISTS LLC
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

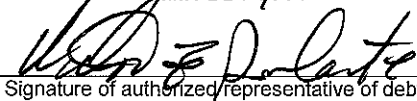
I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

4/25/2018
MM / DD / YYYY

X


Signature of authorized representative of debtor

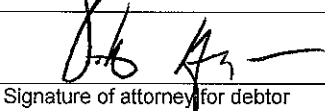
Victor Solarte

Printed name

Title President

18. Signature of attorney

X


Signature of attorney for debtor

Date

4/25/2018
MM / DD / YYYY

Derrick B. Hager 6286310

Printed name

Derrick b. Hager, P.C.

Firm name

245 W. Roosevelt Rd.
Building 15, Suite 119
West Chicago, IL 60185

Number, Street, City, State & ZIP Code

Contact phone 630-587-7490

Email address dirkhager@sbcglobal.net

6286310 IL

Bar number and State

Fill in this information to identify the case:

Debtor name HOTEL REHAB SPECIALISTS LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 26, 2018

X /s/ Victor Solarte

Signature of individual signing on behalf of debtor

Victor Solarte

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name HOTEL REHAB SPECIALISTS LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

4/25/2018

x

Victor Solarte

Signature of individual signing on behalf of debtor

Victor Solarte

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **HOTEL REHAB SPECIALISTS LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**
Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**
Copy line 91A from *Schedule A/B*..... \$ **362,469.00**

1c. **Total of all property:**
Copy line 92 from *Schedule A/B*..... \$ **362,469.00**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **374,427.20**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **368,881.50**

4. **Total liabilities** \$ **743,308.70**
Lines 2 + 3a + 3b

Fill in this information to identify the case:

Debtor name **HOTEL REHAB SPECIALISTS LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Chase Bank****Express Business CK****1398****\$16,000.00**4. **Other cash equivalents** (Identify all)5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$16,000.00**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:

30,000.00

-

0.00

= ...

\$30,000.00

face amount

doubtful or uncollectible accounts

Debtor HOTEL REHAB SPECIALISTS LLC Case number (If known) _____
Name

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$30,000.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress Same as AR		\$0.00		\$0.00

21. Finished goods, including goods held for resale

22. Other inventory or supplies

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

Debtor HOTEL REHAB SPECIALISTS LLC Case number (If known) _____
Name

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	<u>2006 Ford Passenger Van</u>	<u>\$1,200.00</u>		<u>\$1,200.00</u>
47.2.	<u>1999 Chevy Silverado pick up truck</u>	<u>\$800.00</u>		<u>\$800.00</u>
47.3.	<u>Tool Trailer</u>	<u>\$900.00</u>		<u>\$900.00</u>

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$2,900.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>www.hotelrehabllc.com</u>	<u>\$0.00</u>		<u>\$0.00</u>

Debtor HOTEL REHAB SPECIALISTS LLC Case number (If known) _____
Name

62. Licenses, franchises, and royalties
63. Customer lists, mailing lists, or other compilations
64. Other intangibles, or intellectual property
65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
Mechanic's Lien against San Antonio Marriott Northwest Hotel, 3233 NW Loop 410, San Antonio TX 78213

Genral Contractor, Allied Group Renovations Experts, 2109 Heck Ave., Neptune, NJ 07753 used Hotel Rehab LLC as subcontractors for this property and has not paid what is due

\$313,569.00

Nature of claim	Breach of Contract
Amount requested	\$313,569.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

Debtor HOTEL REHAB SPECIALISTS LLC Case number (If known) _____
Name

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$313,569.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor HOTEL REHAB SPECIALISTS LLC Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$16,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$30,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$2,900.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$313,569.00	
91. Total. Add lines 80 through 90 for each column	\$362,469.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$362,469.00

Fill in this information to identify the case:

Debtor name HOTEL REHAB SPECIALISTS LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **HOTEL REHAB SPECIALISTS LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>ADAN BAUTISTA SANTOS 2931 W KAMM AVE Caruthers, CA 93609</p> <p>Date or dates debt was incurred 7/2/2016 – 2/3/2018</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Unpaid overtime wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$99.00</p> <p>\$99.00</p>
2.2	<p>Priority creditor's name and mailing address</p> <p>ADAN CASTRO 5414 CEDAR SPRINGS RD Dallas, TX 75235</p> <p>Date or dates debt was incurred 7/2/2016 – 2/3/2018</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Unpaid overtime wages</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$990.00</p> <p>\$990.00</p>

Debtor	HOTEL REHAB SPECIALISTS LLC Name	Case number (if known)
<hr/>		
2.3	Priority creditor's name and mailing address ALEX A. GUZMAN 9475 FOREST SPRINGS DR Dallas, TX 75243	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	\$5,592.50	\$5,592.50
<hr/>		
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.4	Priority creditor's name and mailing address ALFREDO MATA MONREAL 3026 ALABAMA AVE Dallas, TX 75216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	\$1,708.00	\$1,708.00
<hr/>		
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.5	Priority creditor's name and mailing address ALLAN ROMERO 945 FOREST SPRINGS DR Dallas, TX 75243	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	\$18,859.57	\$12,850.00
<hr/>		
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.6	Priority creditor's name and mailing address ANDERSON ESTRADA 496 ANDERSON AVE Cliff Park, NJ 07110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	\$955.25	\$955.25
<hr/>		
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)	
	Name			

2.7	Priority creditor's name and mailing address ANDY GONZALEZ 496 ANDERSON AVE Cliff Park, NJ 07110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,860.00	\$4,860.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address ANGEL ESTUARDO GARCIA 365 GORGE RD Cliff Park, NJ 07110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,359.50	\$3,359.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address APOLINARIO TUYUC 276 9TH ST Fairview, NJ 07022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,708.50	\$3,708.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address ARCADIO HERRERA GUTIERREZ 210 HEATHER TERR Round Lake, IL 60073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$731.50	\$731.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)	
	Name			

2.11	Priority creditor's name and mailing address ARMANDO CARVALLO 443 9 CT Hialeah, FL 33013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,249.51	\$4,249.51
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address ARNULFO CASTRO AGUILAR 5414 CEDAR ESPRING #1634 Dallas, TX 75235-7584	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$45.00	\$45.00
	Date or dates debt was incurred	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number 2018 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address ARTURO MURO 5151 LOCKWOOD AVE Chicago, IL 60638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,319.50	\$5,319.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address AUDNER ALEXANDER MILLA 13 MILTON AVE Baltimore, MD 21224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,147.00	\$5,147.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC <small>Name</small>		Case number (if known)	
--------	---	--	------------------------	--

2.15	Priority creditor's name and mailing address BERNABE ALDAZ 36440 N WESTMOORE AVE Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,405.00	\$1,405.00
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address BRAILIN VAZQUEZ BRAILIN VAZQUEZ Montgomery, AL 36105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$286.00	\$286.00
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address BYRON GABRIEL MUNOZ 64 JACKSON ST West New York, NJ 07093	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,869.50	\$3,869.50
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address CARLOS F BARRIENTOS 4918 KING DAVID BLVD Annandale, VA 22003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,302.00	\$1,302.00
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)		
Name					
2.19	Priority creditor's name and mailing address CARMELO LOPEZ 361 AIRPORT RD Colorado Springs, CO 80910	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,773.40	\$2,773.40	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.20	Priority creditor's name and mailing address CESAR CALVA AGUILAR 36440 N WESTMOORE AVE Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,510.00	\$3,510.00	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.21	Priority creditor's name and mailing address CRISPIN FRIAS REYES 2313 VINE ST Orlando, FL 32806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,209.00	\$1,209.00	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.22	Priority creditor's name and mailing address CRISTOPHER ROSARIO VERAS 2278 SHEBOYGAN PL Kissimmee, FL 34758	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$132.00	\$132.00	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	HOTEL REHAB SPECIALISTS LLC Name	Case number (if known)
2.23	Priority creditor's name and mailing address DALE TEMPLE 406 Northwest Hwy Fox River Grove, IL 60021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="border-top: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="display: inline-block; text-align: right;"> \$368.37 \$368.37 </div>
2.24	Priority creditor's name and mailing address DANIEL GARCIA PEREZ 795 MELBURY FOREST San Antonio, TX 78239	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="border-top: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="display: inline-block; text-align: right;"> \$1,902.00 \$1,902.00 </div>
2.25	Priority creditor's name and mailing address DANIEL RIVERA 324 W ROCHELLE RD Irving, TX 75062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="border-top: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="display: inline-block; text-align: right;"> \$1,317.50 \$1,317.50 </div>
2.26	Priority creditor's name and mailing address DARWIN SEGURA CASTRO 180 POWEL ST Brooklyn, NY 11212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="border-top: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="display: inline-block; text-align: right;"> \$298.00 \$298.00 </div>

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)	
	Name			

2.27	Priority creditor's name and mailing address DAVID FELIPE HERRERA 1409 SUNSET DR Round Lake, IL 60073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,260.40	\$5,260.40
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.28	Priority creditor's name and mailing address DAVID FERNANDO HERRERA 1125 FOREST HILLS SCHOOL RD Marshville, NC 28103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$648.00	\$648.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.29	Priority creditor's name and mailing address DAVID VARELA 671 CLINTON ST Reading, PA 19601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,176.00	\$1,176.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.30	Priority creditor's name and mailing address DAVID VELAZCO CRUZ 460 TEAKWOOD ST Oxnard, CA 93033	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,838.00	\$2,838.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC Name	Case number (if known)
<hr/>		
2.31	Priority creditor's name and mailing address DERY ROBINSON SEIJAS 16 LINCOLN STREET Fairview, NJ 07022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between;"> \$3,965.89 \$3,965.89 </div>
<hr/>		
2.32	Priority creditor's name and mailing address DIEGO TUY 250 MORRIS ST Fairview, NJ 07022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between;"> \$720.00 \$720.00 </div>
<hr/>		
2.33	Priority creditor's name and mailing address EDDI RONALDO GARCIA 120 SHERICAN PLACE Fairview, NJ 07022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between;"> \$4,312.00 \$4,312.00 </div>
<hr/>		
2.34	Priority creditor's name and mailing address EDGAR GOMEZ OSTOS 6719 BUENA VISTA San Antonio, TX 78227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between;"> \$378.00 \$378.00 </div>
<hr/>		

Debtor	HOTEL REHAB SPECIALISTS LLC Name	Case number (if known)
<hr/>		
2.35	Priority creditor's name and mailing address EDGAR LARA ESTRADA 210 HEATHER TERRACE Round Lake, IL 60073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$14,590.00 \$12,850.00
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.36	Priority creditor's name and mailing address EDGAR TISTA BACHAN 3900 EXECUTIVE AVE Alexandria, VA 22305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$2,730.00 \$2,730.00
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.37	Priority creditor's name and mailing address EDUARDO VILLASENOR 131 HIGHWAY DR San Antonio, TX 78219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$9,028.71 \$9,028.71
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.38	Priority creditor's name and mailing address EFREN MORALES 1526 KENMORE AVE Round Lake, IL 60073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$4,343.50 \$4,343.50
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)	
	Name			

2.39	Priority creditor's name and mailing address EIDY D MACIAS 614 JACKSON ST West New York, NJ 07093	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$30.00	\$30.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address ELDER ORLANDO ESGUIVEL 36440 N WESTMOORE AVE Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,335.50	\$5,335.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address ELDERMAR MOTA 210 HEATHER TERR Round Lake, IL 60073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,949.50	\$2,949.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address ELIA MARIBEL MENDEZ 155 FAIRFIELD DR Frederick, MD 21702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,087.50	\$1,087.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC Name	Case number (if known)
<hr/>		
2.43	Priority creditor's name and mailing address ELIAS JOSUE ESPINAL RUIZ 4711 66th PLACE Hyattsville, MD 20784	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$582.37 \$582.37
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.44	Priority creditor's name and mailing address ERIN SANTOS 7410 MAI DR Orlando, FL 32822	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$2,466.00 \$2,466.00
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.45	Priority creditor's name and mailing address ERMEND PEREZ 270 GRAND CONCOURSE Bronx, NY 10457	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$230.00 \$230.00
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.46	Priority creditor's name and mailing address ERNESTO LOPEZ GONZALEZ 955 N DUESENBERG DR Ontario, CA 91764	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$1,972.50 \$1,972.50
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)		
2.47	PRIORITY creditor's name and mailing address ERVIN ERAZO 11621 LOCKWOOD DR Silver Spring, MD 20904	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$273.00	\$273.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.48	PRIORITY creditor's name and mailing address ERVIN SALINAS 5416 54TH AVE Riverdale, MD 20737	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,072.00	\$2,072.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.49	PRIORITY creditor's name and mailing address ESPERANZA LAZO ACOSTA 2729 FIELDSTONE CT Orlando, FL 32839	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,035.00	\$1,035.00
	Date or dates debt was incurred 7/2/2016 - 2/3/2018	Basis for the claim: unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	PRIORITY creditor's name and mailing address EVELYN ROSE TORRES 527 NEWARK Kenilworth, NJ 07033	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$959.50	\$959.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)		
Name					
2.51	Priority creditor's name and mailing address FABIAN HERNANDEZ LOPEZ 626 BAINBRIDGE RD Charlotte, NC 28212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,798.00	\$1,798.00	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.52	Priority creditor's name and mailing address FABIAN HERNANDEZ LOPEZ 6216 BAINBRIDGE RD Charlotte, NC 28212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$418.00	\$418.00	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.53	Priority creditor's name and mailing address FABIAN LOPEZ 1434 E GALENA BLVD Aurora, IL 60505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$810.00	\$810.00	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.54	Priority creditor's name and mailing address FELIPE JAVIER ARGUETA 763 TRASK AVE Westminster, CA 92683	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,642.53	\$2,642.53	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)	
	Name			

2.55	Priority creditor's name and mailing address FERNANDO LOPEZ MENDEZ 836 S NORMANDIE AVE Los Angeles, CA 90003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,270.50	\$4,270.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.56	Priority creditor's name and mailing address FLAVIO MARTINEZ NUNEZ 210 HEATHER TERR Round Lake, IL 60073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,194.50	\$3,194.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.57	Priority creditor's name and mailing address FRANCIS PAYANO 429 WEST ST Port Chester, NY 10573	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,683.00	\$1,683.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.58	Priority creditor's name and mailing address FRANCISCO DIAZ 782 STELLAR LN Memphis, TN 38125	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$646.00	\$646.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)		
<hr/>					
2.59	Priority creditor's name and mailing address FRANCISCO SALAZAR 7810 CALLAGHAN RD San Antonio, TX 78229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,526.98	\$3,526.98	
<hr/>					
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages			
<hr/>					
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<hr/>					
2.60	Priority creditor's name and mailing address FRANCISCO SIS 2032 COLUMBIA PIKE Arlington, VA 22204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,020.00	\$1,020.00	
<hr/>					
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages			
<hr/>					
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<hr/>					
2.61	Priority creditor's name and mailing address FRANKI VELASQUEZ 213 19TH ST Fairview, NJ 07022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,346.50	\$3,346.50	
<hr/>					
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages			
<hr/>					
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<hr/>					
2.62	Priority creditor's name and mailing address FRAY BLANCO 213 9TH ST Fairview, NJ 07022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,528.35	\$5,528.35	
<hr/>					
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages			
<hr/>					
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<hr/>					

Debtor	HOTEL REHAB SPECIALISTS LLC <small>Name</small>		Case number (if known)	
--------	---	--	------------------------	--

2.63	Priority creditor's name and mailing address GABRIEL PENOVI 4000 HORIZON HILL BLVD San Antonio, TX 78229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,104.00	\$1,104.00
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.64	Priority creditor's name and mailing address GERONIMO OSEGUERA 434 SHARP ST Hackettstown, NJ 07840	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,144.50	\$4,144.50
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.65	Priority creditor's name and mailing address GUSTAVO PUGA 334 ANDERSON AVE Cliffside Park, NJ 07010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,369.01	\$1,369.01
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.66	Priority creditor's name and mailing address HECTOR GONZALEZ RIVERA 137 WATERFALL PL Dallas, TX 75240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,930.00	\$2,930.00
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC Name	Case number (if known)
<hr/>		
2.67	Priority creditor's name and mailing address HENRY SANCHEZ 34 101 ST Corona, NY 11368	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$464.00 \$464.00
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.68	Priority creditor's name and mailing address HERBERT MAZARIEGOS 108 CHELLE CT Ladson, SC 29456	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$244.00 \$244.00
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.69	Priority creditor's name and mailing address ISMAEL CARDOSO 1200 PATRICIA San Antonio, TX 78213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$518.00 \$518.00
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
2.70	Priority creditor's name and mailing address ISMAEL ORTEGA 1200 PATRICIA San Antonio, TX 78213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	\$340.00 \$340.00
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid overtime wages
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)	
	Name			

2.71	Priority creditor's name and mailing address IVAN ANIBAL SOLORZANO FLECHER 160 NW 35TH ST Miami, FL 33142	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$928.70	\$928.70
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.72	Priority creditor's name and mailing address IVAN CALVA CRUZ 28 NEVADA AVE Medford, NY 11763	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,307.50	\$2,307.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.73	Priority creditor's name and mailing address IVAN FLORES 496 ANDERSON AVE Cliff Park, NJ 07110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,104.00	\$1,104.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.74	Priority creditor's name and mailing address JAIR VENTURA CRUZ 13847 WATERFALL PL Dallas, TX 75241	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$162.00	\$162.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.75	PRIORITY creditor's name and mailing address JAIRO GUERRA 121 MAIN ST Hackettstown, NJ 07840	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$396.00	\$396.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.76	PRIORITY creditor's name and mailing address JAVIER ALDANA 5822 9TH STR NW Washington, DC 20011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$49.50	\$49.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.77	PRIORITY creditor's name and mailing address JEFFERSON APARTMENT GROUP 600 SOMERSET PARK DR Leesburg, VA 20175	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$751.37	\$751.37
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.78	PRIORITY creditor's name and mailing address JESUS CASTANEDA 3224 W SALINAS San Antonio, TX 78207	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$132.00	\$132.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)	
	Name			

2.79	Priority creditor's name and mailing address JESUS DOMINGEZ 496 ANDERSON AVE Cliffside Park, NJ 07010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,495.00	\$4,495.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.80	Priority creditor's name and mailing address JESUS VALENTIN RANGEL RECIO 36440 N WESTMOORE AVE Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,356.25	\$3,356.25
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.81	Priority creditor's name and mailing address JONATHAN ESPINOZA 3009 MAINE AVE Medford, NY 11763	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,380.00	\$1,380.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.82	Priority creditor's name and mailing address JONATHAN TRUJILLO 36440 N WESTMOORE AVE Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$983.32	\$983.32
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.83	PRIORITY creditor's name and mailing address JORGE LARA 12 SUMMIT ST East Orange, NJ 07017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,010.00	\$5,010.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.84	PRIORITY creditor's name and mailing address JORGE ZURITA 36440 N WESTMOORE AVE Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,540.00	\$2,540.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.85	PRIORITY creditor's name and mailing address JOSE AGUIN TOMAS 4602 KENNEDY BLVD Union City, NJ 07087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,626.00	\$1,626.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.86	PRIORITY creditor's name and mailing address JOSE MARCOS 7010 NW 186TH ST Hialeah, FL 33015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$576.00	\$576.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.87	PRIORITY creditor's name and mailing address JOSE MARIA CURIALES 210 HEATHER TERR Round Lake, IL 60073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,089.00	\$7,089.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.88	PRIORITY creditor's name and mailing address JOSE T HERRERA 5414 CEDAR RD Dallas, TX 75235	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$386.22	\$386.22
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.89	PRIORITY creditor's name and mailing address JOSE VILLASENOR HERRERA 36440 N WESTMOORE AVE Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,992.00	\$5,992.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.90	PRIORITY creditor's name and mailing address JOSEPH CARTAGENA 10920 NEW HAMPSHIRE AVE Silver Spring, MD 20903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$698.00	\$698.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)	
	Name			

2.91	Priority creditor's name and mailing address JUAN CARLOS HERRERA 5414 CEDAR RD Dallas, TX 75235	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,944.00	\$2,944.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.92	Priority creditor's name and mailing address JUAN GABRIEL SIMON 4602 KENNEDY LN Union City, NJ 07087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,707.62	\$10,707.62
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.93	Priority creditor's name and mailing address JULIO CESAR SANCHEZ CARMONA 1738 PERKIOMEN AVE Reading, PA 19602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,012.50	\$2,012.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.94	Priority creditor's name and mailing address JULIO CESAR SANCHEZ CARMONA 1738 PERKIOMEN AVE Reading, PA 19602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,287.00	\$1,287.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)	
	Name			

2.95	Priority creditor's name and mailing address JUNIOR CUSTODIO 10 SPRUCE STREET Elmwood Park, NJ 07407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$489.50	\$489.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.96	Priority creditor's name and mailing address KENYA R PINEDA 51 RIVER DR Dallas, TX 75235	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,621.25	\$4,621.25
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.97	Priority creditor's name and mailing address LEANDRO PENA 2278 SHEBOYGAN PL Kissimmee, FL 34758	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$476.00	\$476.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.98	Priority creditor's name and mailing address LUCIO VASQUEZ PINA 1310 HIWAY DR San Antonio, TX 78219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,948.50	\$3,948.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.99	PRIORITY creditor's name and mailing address LUIS ALBERTO CRUZ 36440 N WESTMOORE AVE Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,592.25	\$2,592.25
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.100	PRIORITY creditor's name and mailing address LUIS HERNANDEZ VILLASENOR 751 MELBURY San Antonio, TX 78239	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,976.00	\$8,976.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.101	PRIORITY creditor's name and mailing address LUIS LUNA VELAZQUEZ 885 N HOOD AVE Gresham, OR 97030	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$666.00	\$666.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.102	PRIORITY creditor's name and mailing address MANUEL DE JESUS 1451 TERRE AVE Orlando, FL 32807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,350.00	\$1,350.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)		
Name					
2.103	Priority creditor's name and mailing address MANUEL GONZALEZ 6019 JACKSON ST West New York, NJ 07093	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$432.00	\$432.00	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.104	Priority creditor's name and mailing address MANUEL HERNANDEZ 11621 LOCKWOOD DR Silver Spring, MD 20904	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$608.00	\$608.00	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.105	Priority creditor's name and mailing address MANUEL HERNANDEZ 36440 N WESTMOOR AVE Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$212.50	\$212.50	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.106	Priority creditor's name and mailing address MARCELINO GARCIA GOMEZ 228 7TH ST North Bergen, NJ 07047	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,687.00	\$6,687.00	
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)
Name			
2.107	Priority creditor's name and mailing address MARCO SORIA 1009 DEBECK DR Rockville, MD 20851	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,198.50 \$1,198.50
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.108	Priority creditor's name and mailing address MARCOS SALAZAR 7810 CALLAGHAN RD San Antonio, TX 78229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,409.00 \$2,409.00
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.109	Priority creditor's name and mailing address MARIA GUERRA 5221 SAN FRANCISCO AVE LAKEWOOD, WA 98449	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$960.00 \$960.00
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.110	Priority creditor's name and mailing address MARIO CRUZ ALAS GUARDADO 3616 AIRPORT RD Colorado Springs, CO 80910	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,320.00 \$1,320.00
Date or dates debt was incurred 7/2/2016 – 2/3/2018		Basis for the claim: Unpaid overtime wages	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	HOTEL REHAB SPECIALISTS LLC Name	Case number (if known)
2.111	<p>Priority creditor's name and mailing address</p> <p>MARTIN MURO HERNANDEZ 515 LOCKWOOD AVE Chicago, IL 60638</p> <hr/> <p>Date or dates debt was incurred 7/2/2016 – 2/3/2018</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: Unpaid overtime wages</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<p>\$3,639.00 \$3,639.00</p>
2.112	<p>Priority creditor's name and mailing address</p> <p>MARVIN VALDEZ 250 MORRIS ST Fairview, NJ 07022</p> <hr/> <p>Date or dates debt was incurred 7/2/2016 – 2/3/2018</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: Unpaid overtime wages</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<p>\$2,565.00 \$2,565.00</p>
2.113	<p>Priority creditor's name and mailing address</p> <p>MAURICIO BLACKBURN MILLA 13 MILTON AVE Baltimore, MD 21224</p> <hr/> <p>Date or dates debt was incurred 7/2/2016 – 2/3/2018</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: Unpaid overtime wages</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<p>\$3,181.50 \$3,181.50</p>
2.114	<p>Priority creditor's name and mailing address</p> <p>MELVIN MEJIA 148 70TH ST GUTTENBERG, NJ 07093</p> <hr/> <p>Date or dates debt was incurred 7/2/2016 – 2/3/2018</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: Unpaid overtime wages</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<p>\$1,911.50 \$1,911.50</p>

Debtor	HOTEL REHAB SPECIALISTS LLC	Case number (if known)
	Name	

2.115	Priority creditor's name and mailing address MERLIN AGUILAR 176 GESSNER RD Houston, TX 77080	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$850.00	\$850.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.116	Priority creditor's name and mailing address MICHAEL HERRERA 30 OYSTER BAY Lakemoor, IL 60050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$588.00	\$588.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.117	Priority creditor's name and mailing address NALLELY VISAIZ 2901 W CAMINO BUENO Tucson, AZ 85746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,578.00	\$1,578.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.118	Priority creditor's name and mailing address NEHEMIAS PIRIR SIMON 128 PALISADES AVE Cliffside Park, NJ 07010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$112.00	\$112.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.119	PRIORITY creditor's name and mailing address NELSON CASTILLO 1554 SOFTSHELL ST Saint Cloud, FL 34771	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,125.00	\$1,125.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.120	PRIORITY creditor's name and mailing address NOE HERNANDEZ REYNA 5605 NE 89TH AVE Vancouver, WA 98662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,191.00	\$6,191.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.121	PRIORITY creditor's name and mailing address NORBERTO HERRERA ABURTO 42 CUTTER AVE Coldwater, MI 49036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$998.06	\$998.06
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.122	PRIORITY creditor's name and mailing address OMAR CARO 22739 NE HALSEY ST Fairview, OR 97024	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,083.50	\$2,083.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC Name	Case number (if known)
<hr/>		
2.123	Priority creditor's name and mailing address OMAR CASTRO 5414 CEDAR SPRINGS RD Dallas, TX 75235	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between;"> \$62.00 \$62.00 </div>
<hr/>		
2.124	Priority creditor's name and mailing address Omero Cortez 210 HEATHER TERR Round Lake, IL 60073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between;"> \$191.00 \$191.00 </div>
<hr/>		
2.125	Priority creditor's name and mailing address OSMIN LIMA 3110 HILLCREST DR San Antonio, TX 78201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between;"> \$4,914.00 \$4,914.00 </div>
<hr/>		
2.126	Priority creditor's name and mailing address PEDRO GONZALEZ 1695 SINGINGWOOD AVE Pomona, CA 91767	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between;"> \$2,466.00 \$2,466.00 </div>

Debtor	Name	Case number (if known)		
2.127	PEDRO LEON 125 DYNA Houston, TX 77060	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,597.50	\$4,597.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.128	PEDRO LOPEZ 36440 N WESTMOORE AVE Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,239.50	\$5,239.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.129	RAMON ESTEVES 42 MARKHAM Deerfield Beach, FL 33442	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$120.00	\$120.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.130	RAMON GONZALES RIVERA 137 WATERFALL PL Dallas, TX 75240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,410.00	\$6,410.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.131	Priority creditor's name and mailing address REINA DE LA PAZ FUNES 3909 WOODHUE Alexandria, VA 22309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,086.00	\$2,086.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.132	Priority creditor's name and mailing address REINER DUARTE VALDES 874 SW 158TH CT Miami, FL 33193	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,905.00	\$1,905.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.133	Priority creditor's name and mailing address RICARDO LOPEZ 1217 FRANKLIN ST Racine, WI 53403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$540.00	\$540.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.134	Priority creditor's name and mailing address RICHARD MESSERLY 210 HEATHER TERR Round Lake, IL 60073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$184.00	\$184.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC		Case number (if known)	
	Name			

2.135	Priority creditor's name and mailing address RODOLFO C LARA 3110 HILLCREST DR San Antonio, TX 78201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$182.00	\$182.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.136	Priority creditor's name and mailing address RODRIGO GONZALES RIVERA 137 WATERFALL PL Dallas, TX 75240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$924.00	\$924.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.137	Priority creditor's name and mailing address RONALD RIVERA 119 DICKEY AVE San Antonio, TX 78204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,174.50	\$3,174.50
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.138	Priority creditor's name and mailing address ROSALINO SALAZAR 1130 BABCOCK San Antonio, TX 78201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,221.00	\$1,221.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.139	Priority creditor's name and mailing address SAMUEL ALEJANDRO SANDOVAL 137 WATERFALL PL Dallas, TX 75240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,475.00	\$2,475.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.140	Priority creditor's name and mailing address SANTIAGO LANZILLOTTA 131 HIGHWAY DR San Antonio, TX 78219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,110.00	\$1,110.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.141	Priority creditor's name and mailing address SERGIO IBANEZ 3570 N TAMI LN Ingleside, IL 60041	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,990.00	\$2,990.00
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.142	Priority creditor's name and mailing address SERGIO NEFTALI 148 70TH ST GUTTENBERG, NJ 07093	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,006.75	\$1,006.75
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	HOTEL REHAB SPECIALISTS LLC Name	Case number (if known)
--------	--	------------------------

2.143	Priority creditor's name and mailing address UBALDO HERRERA CORONA 36440 N WESTMOORE AVE Lake Villa, IL 60046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,579.00	\$6,579.00
-------	---	--	-------------------	-------------------

Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
---	--

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

2.144	Priority creditor's name and mailing address US Department of Labor Frances Perkins Building 200 Constitution Ave NW Washington, DC 20210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
-------	---	---	---------------	---------------

Date or dates debt was incurred 7/2/16 - 2/3/18	Basis for the claim: alleged unpaid overtime wages
---	--

Last 4 digits of account number 6594 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

2.145	Priority creditor's name and mailing address VICENTE HERRERA 5414 CEDAR RD Dallas, TX 75235	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,586.00	\$4,586.00
-------	---	--	-------------------	-------------------

Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
---	--

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

2.146	Priority creditor's name and mailing address VICENTE PAUL RIVAS 604 ALLISON ST Hyattsville, MD 20784	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,806.00	\$2,806.00
-------	--	--	-------------------	-------------------

Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
---	--

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

Debtor	HOTEL REHAB SPECIALISTS LLC Name	Case number (if known)
2.147	Priority creditor's name and mailing address VICTOR HUGO RODRIGUEZ 4101 18TH ST Arlington, VA 22204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.148	Priority creditor's name and mailing address VICTORIANO PANO PEREZ 1802 MOUNT PISGAH LN Silver Spring, MD 20903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.149	Priority creditor's name and mailing address VICTORIANO PEREZ AMBROCIO 1802 MOUNT PISGAH LN Silver Spring, MD 20903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.150	Priority creditor's name and mailing address WALTER IVAN LIMA SALAZAR 1130 BABCOCK RD San Antonio, TX 78201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 7/2/2016 – 2/3/2018	Basis for the claim: Unpaid overtime wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **HOTEL REHAB SPECIALISTS LLC**
Name

Case number (if known)

2.151	Priority creditor's name and mailing address WALTER RODRIGUEZ 8250 MOUNTAIN ASH Gaithersburg, MD 20879	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,451.25	\$5,451.25
-------	--	--	-------------------	-------------------

Date or dates debt was incurred
7/2/2016 – 2/3/2018

Basis for the claim:
Unpaid overtime wages

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.152	Priority creditor's name and mailing address WILSON SACORRO RIVERA 10 COOLIDGE AVE Dover, NJ 07801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,050.00	\$1,050.00
-------	--	--	-------------------	-------------------

Date or dates debt was incurred
7/2/2016 – 2/3/2018

Basis for the claim:
Unpaid overtime wages

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.153	Priority creditor's name and mailing address WINSTON CASTRO 8417 CREDOS CT Alexandria, VA 22309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,154.07	\$2,154.07
-------	---	--	-------------------	-------------------

Date or dates debt was incurred
7/2/2016 – 2/3/2018

Basis for the claim:
Unpaid overtime wages

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address Ford Harrison PO Box 890836 Charlotte, NC 28289-0836 Date(s) debt was incurred _____ Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Professional Services rendered Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,881.50
-----	--	---	-------------------

3.2	Nonpriority creditor's name and mailing address Lisa Solarte 36440 N. Westmoore Ave. Lake Villa, IL 60046 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business line of credit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
-----	---	---	---------------------

Debtor **HOTEL REHAB SPECIALISTS LLC** Case number (if known) _____
Name

3.3 Nonpriority creditor's name and mailing address **Mary Joyce Hewlett**
108 Adams St.
Grand River, IA 50108
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$110,000.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **business line of credit**
Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address **Victor Solarte**
7204 S. Rawson Bridge Rd.
Cary, IL 60013
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$150,000.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **investor**
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 US Department of Labor Chicago Dist Office 230 S. Dearborn, Suite 412 Chicago, IL 60604	Line 2.144 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts	
5a. Total claims from Part 1	\$ 374,427.20
5b. Total claims from Part 2	+ \$ 368,881.50
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ 743,308.70

Fill in this information to identify the case:

Debtor name HOTEL REHAB SPECIALISTS LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name HOTEL REHAB SPECIALISTS LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name HOTEL REHAB SPECIALISTS LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2018 to **Filing Date**

☒ Operating a business
☐ Other _____

\$0.00

For prior year:
From 1/01/2017 to 12/31/2017

☒ Operating a business
☐ Other _____

\$2,103,660.00

For year before that:
From 1/01/2016 to 12/31/2016

☒ Operating a business
☐ Other _____

\$2,012,321.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **HOTEL REHAB SPECIALISTS LLC**

Case number (if known) _____

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. US Department of Labor, Wage and Hour Division 1826594	Claim for unpaid overtime	US Department of Labor Chicago Dist Office 230 S. Dearborn, Suite 412 Chicago, IL 60604	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Debtor **HOTEL REHAB SPECIALISTS LLC**

Case number (if known) _____

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?
Address****If not money, describe any property transferred****Dates****Total amount or value**11.1. **Derrick B. Hager, P.C.
245 W. Roosevelt Rd.
Building 15, Suite 119
West Chicago, IL 60185****Attorney fees, court filing fee****April 11,
2018****\$4,335.00****Email or website address****Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.**Who received transfer?
Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply**Address****Dates of occupancy
From-To****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Debtor **HOTEL REHAB SPECIALISTS LLC**

Case number (if known) _____

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

Debtor **HOTEL REHAB SPECIALISTS LLC**

Case number (if known) _____

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title
Case number

Court or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

Debtor **HOTEL REHAB SPECIALISTS LLC**

Case number (if known) _____

Name and address**Date of service
From-To**

26a.1. **Richard Kruth**
FLP Tax and Planning Services
38W780 Hogan Hill
Elgin, IL 60124

since inception

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address**If any books of account and records are
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name**Address****Position and nature of any
interest****% of interest, if
any****Victor Solarte****7204 S. Rawson Bridge Rd.
Cary, IL 60013****President****100%**

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient**Amount of money or description and value of
property****Dates****Reason for
providing the value**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor **HOTEL REHAB SPECIALISTS LLC**

Case number (if known) _____

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 26, 2018****/s/ Victor Solarte**

Signature of individual signing on behalf of the debtor

Victor Solarte

Printed name

Position or relationship to debtor **President**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

Debtor HOTEL REHAB SPECIALISTS LLC

Case number (if known) _____

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration


WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

4/25/2018


Signature of individual signing on behalf of the debtor

Victor Solarte
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Northern District of Illinois

In re **HOTEL REHAB SPECIALISTS LLC**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	4,000.00
Prior to the filing of this statement I have received	\$	4,000.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 26, 2018

Date

/s/ Derrick B. Hager

Derrick B. Hager 6286310

Signature of Attorney

Derrick b. Hager, P.C.

245 W. Roosevelt Rd.

Building 15, Suite 119

West Chicago, IL 60185

630-587-7490 Fax: 630-587-7493

dirkhager@sbcglobal.net

Name of law firm

Chapter 7 Corporate Bankruptcy Retainer Agreement for Legal Services

I/We the undersigned, HOTEL REHAB SPECIALISTS, LLC, (hereinafter the "CLIENT(s)") retain the law firm (herein after "THE FIRM") of Derrick B. Hager, Attorney at Law, (hereinafter the "ATTORNEY") for the purpose of performing legal services related to the filing of a petition in Bankruptcy under Chapter 7 of the United States Bankruptcy Code. The terms and conditions of the representation for legal services as set forth below contains the whole agreement between the Parties relating to the transactions contemplated by this Agreement and supersedes all previous understandings and agreements between the Parties relating to these transactions. Each Party acknowledges that, in agreeing to enter into this Agreement, it has not relied on any representation, warranty, collateral contract or other assurance (except those set out in this Agreement and any documents referred to in it) made by or on behalf of any other Party or any other person whatsoever before the execution of this Agreement. Each Party waives all rights and remedies which, but for this Clause, might otherwise be available to it in respect of any such representation, warranty, collateral contract or other assurance, provided that nothing in this Clause shall limit or exclude any liability for willful misconduct or fraud.

1. TOTAL STANDARD FEES AND COSTS.

The total fees and costs of this representation for legal services is \$ 4,335.00. This total amount consists of:

\$ 4,000.00 in attorney fees; \$ 4,000.00 for performance of legal services related to the filing of a petition in Bankruptcy under Chapter 7 of the Bankruptcy Code, including but not limited to, the drafting, preparation, analyzing and finalization of all required documents, statements, schedules and statements of financial affairs;

\$ 335.00 in court filing fees;

\$ 00.00 for a credit report;

\$ 00.00 for tax transcripts, and;

STANDARD FEE LEGAL SERVICES:

- o Analysis of CLIENT's financial condition;
- o Advising CLIENT as to the advisability and/or eligibility of seeking relief in bankruptcy under chapter 7, 11 or 13 of the Bankruptcy Code;
- o Assisting CLIENT in assembling documents necessary for or in connection with the filing of a bankruptcy petition;
- o Assisting CLIENT in meeting all conditions precedent to making a petition for relief under the Bankruptcy Code and in meeting all conditions precedent to obtaining a discharge, if CLIENT is eligible to receive a discharge;
- o Preparing CLIENT for examination at the meeting of the creditors pursuant to Section 341 of the Bankruptcy Code;
- o Assisting CLIENT in the enforcement of the Automatic Stay, if required;
- o Communications with the CLIENT's bankruptcy trustee, as necessary;
- o Communications with the CLIENT's creditors, as necessary.

PRE PETITION PAYMENT UNDERSTANDING.

CLIENT(s) hereby understands that THE FIRM will not perform any of the above described services until the fees are paid in full; thereafter the petition in Bankruptcy under Chapter 7 of the Bankruptcy Code will be filed as soon as practicably possible (Attorney reserves the privilege to hold the petition for actual filing until either he has at least three other similar petitions ready to file or the next calendar Saturday, whichever occurs first in time, in order to maximize efficient use of the Attorney's time and minimize expense to the Client).

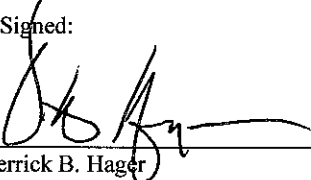
2. ADDITIONAL FEES AND COSTS:

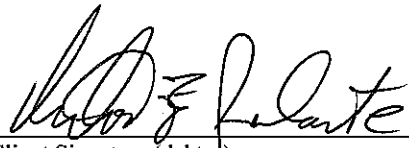
The charge of STANDARD FEES assumes that the Chapter 7 petition in bankruptcy will be relatively simple and will not require extraordinary time or additional court appearances beyond the Section 341 Meeting of Creditors. If your case becomes more complex, such as responding to a creditors objection or a request for a Rule 2004 examination (a deposition in bankruptcy) and my attendance at such examination, or defending an adversarial proceeding (a law suit in bankruptcy to determine dischargeability or denial of discharge), CLIENT agrees to pay for legal services beyond STANDARD FEES at an hourly rate of \$250.00 per hour.

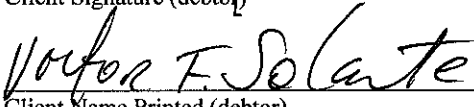
3. CLIENT shall provide to the ATTORNEY all requested records and documents within 48 hours of such requests and will obtain written verification of authenticity of those records and documents as deemed necessary. CLIENT acknowledges that he/she is responsible for physically coming into possession of requested records and documents and does so at his/her own expense, if any.
4. INDEMNIFICATION BY CLIENT: In the event any fees, sanctions, cost or expenses are assessed by the court pursuant to a Supreme Court Rule 137, 213(i) and 214 or similar provisions, against any members of the firm individually or DERRICK B. HAGER, ATTORNEY AT LAW, as a result of any false information provided by you or violations of said rules, you agree to indemnify said member of the firm and/or DERRICK B. HAGER, ATTORNEY AT LAW from the same and to pay any such fees, costs or expenses.
5. REPRESENTATIONS. THERE HAVE BEEN NO REPRESENTATIONS OR GUARANTEES MADE BY US REGARDING THE OUTCOME OF THIS MATTER as to the obtaining of a judgment or order for relief sought by you or as to the nature or amount of any awards, distributions, attorney's fees, costs or any other aspect of this matter. Any discussion in this regard, past or present, are limited only to estimates or reasonable assessments based upon experience and judgment, and the information provided by us, but in no event should be considered as a representation promise or guarantee as to the result which might be obtainable, either in a contested trial or by way of a negotiated settlement.
6. WITHDRAWAL: In the event that the undersigned fails to comply with the terms of this agreement or fails to cooperate, DERRICK B. HAGER, ATTORNEY AT LAW reserves the right to withdraw its representation in this matter.
7. CLIENT has the right to terminate employment of THE FIRM at any time but such termination will not alter any rights or duties under the Retainer Agreement and such termination does not reduce the amount owed to THE FIRM or constitute grounds for any refund of monies paid except by agreement in writing.
8. The undersigned have voluntarily entered into this Retainer Agreement, consisting of three (3) pages (including the signature page) and by the undersigned's signature(s) below agree to all the obligations, rights and duties herein.

Dated this 9th day of APRIL, 2018

Agreed and Signed:


Attorney, Derrick B. Hager


Client Signature (debtor)


Client Name Printed (debtor)

Client Signature (co-debtor)

Client Name Printed (co-debtor)

**United States Bankruptcy Court
Northern District of Illinois**

In re **HOTEL REHAB SPECIALISTS LLC**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **154**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **April 26, 2018**

/s/ Victor Solarte

Victor Solarte/President

Signer/Title

United States Bankruptcy Court
Northern District of Illinois

In re HOTEL REHAB SPECIALISTS LLC

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 154

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date:

4/25/2018



Victor Solarte/President
Signer/Title

ADAN BAUTISTA SANTOS
2931 W KAMM AVE
Caruthers, CA 93609

ADAN CASTRO
5414 CEDAR SPRINGS RD
Dallas, TX 75235

ALEX A. GUZMAN
9475 FOREST SPRINGS DR
Dallas, TX 75243

ALFREDO MATA MONREAL
3026 ALABAMA AVE
Dallas, TX 75216

ALLAN ROMERO
945 FOREST SPRINGS DR
Dallas, TX 75243

ANDERSON ESTRADA
496 ANDERSON AVE
Cliff Park, NJ 07110

ANDY GONZALEZ
496 ANDERSON AVE
Cliff Park, NJ 07110

ANGEL ESTUARDO GARCIA
365 GORGE RD
Cliff Park, NJ 07110

APOLINARIO TUYUC
276 9TH ST
Fairview, NJ 07022

ARCADIO HERRERA GUTIERREZ
210 HEATHER TERR
Round Lake, IL 60073

ARMANDO CARVALLO
443 9 CT
Hialeah, FL 33013

ARNULFO CASTRO AGUILAR
5414 CEDAR ESPRING #1634
Dallas, TX 75235-7584

ARTURO MURO
5151 LOCKWOOD AVE
Chicago, IL 60638

AUDNER ALEXANDER MILLA
13 MILTON AVE
Baltimore, MD 21224

BERNABE ALDAZ
36440 N WESTMOORE AVE
Lake Villa, IL 60046

BRAILIN VAZQUEZ
BRAILIN VAZQUEZ
Montgomery, AL 36105

BYRON GABRIEL MUNOZ
64 JACKSON ST
West New York, NJ 07093

CARLOS F BARRIENTOS
4918 KING DAVID BLVD
Annandale, VA 22003

CARMELO LOPEZ
361 AIRPORT RD
Colorado Springs, CO 80910

CESAR CALVA AGUILAR
36440 N WESTMOORE AVE
Lake Villa, IL 60046

CRISPIN FRIAS REYES
2313 VINE ST
Orlando, FL 32806

CRISTOPHER ROSARIO VERAS
2278 SHEBOYGAN PL
Kissimmee, FL 34758

DALE TEMPLE
406 Northwest Hwy
Fox River Grove, IL 60021

DANIEL GARCIA PEREZ
795 MELBURY FOREST
San Antonio, TX 78239

DANIEL RIVERA
324 W ROCHELLE RD
Irving, TX 75062

DARWIN SEGURA CASTRO
180 POWEL ST
Brooklyn, NY 11212

DAVID FELIPE HERRERA
1409 SUNSET DR
Round Lake, IL 60073

DAVID FERNANDO HERRERA
1125 FOREST HILLS SCHOOL RD
Marshville, NC 28103

DAVID VARELA
671 CLINTON ST
Reading, PA 19601

DAVID VELAZCO CRUZ
460 TEAKWOOD ST
Oxnard, CA 93033

DERY ROBINSON SEIJAS
16 LINCOLN STREET
Fairview, NJ 07022

DIEGO TUY
250 MORRIS ST
Fairview, NJ 07022

EDDI RONALDO GARCIA
120 SHERICAN PLACE
Fairview, NJ 07022

EDGAR GOMEZ OSTOS
6719 BUENA VISTA
San Antonio, TX 78227

EDGAR LARA ESTRADA
210 HEATHER TERRACE
Round Lake, IL 60073

EDGAR TISTA BACHAN
3900 EXECUTIVE AVE
Alexandria, VA 22305

EDUARDO VILLASENOR
131 HIGHWAY DR
San Antonio, TX 78219

EFREN MORALES
1526 KENMORE AVE
Round Lake, IL 60073

EIDY D MACIAS
614 JACKSON ST
West New York, NJ 07093

ELDER ORLANDO ESGUIVEL
36440 N WESTMOORE AVE
Lake Villa, IL 60046

ELDERMAR MOTA
210 HEATHER TERR
Round Lake, IL 60073

ELIA MARIBEL MENDEZ
155 FAIRFIELD DR
Frederick, MD 21702

ELIAS JOSUE ESPINAL RUIZ
4711 66th PLACE
Hyattsville, MD 20784

ERIN SANTOS
7410 MAI DR
Orlando, FL 32822

ERMEND PEREZ
270 GRAND CONCOURSE
Bronx, NY 10457

ERNESTO LOPEZ GONZALEZ
955 N DUESENBERG DR
Ontario, CA 91764

ERVIN ERAZO
11621 LOCKWOOD DR
Silver Spring, MD 20904

ERVIN SALINAS
5416 54TH AVE
Riverdale, MD 20737

ESPERANZA LAZO ACOSTA
2729 FIELDSTONE CT
Orlando, FL 32839

EVELYN ROSE TORRES
527 NEWARK
Kenilworth, NJ 07033

FABIAN HERNANDEZ LOPEZ
6216 BAINBRIDGE RD
Charlotte, NC 28212

FABIAN LOPEZ
1434 E GALENA BLVD
Aurora, IL 60505

FELIPE JAVIER ARGUETA
763 TRASK AVE
Westminster, CA 92683

FERNANDO LOPEZ MENDEZ
836 S NORMANDIE AVE
Los Angeles, CA 90003

FLAVIO MARTINEZ NUNEZ
210 HEATHER TERR
Round Lake, IL 60073

Ford Harrison
PO Box 890836
Charlotte, NC 28289-0836

FRANCIS PAYANO
429 WEST ST
Port Chester, NY 10573

FRANCISCO DIAZ
782 STELLAR LN
Memphis, TN 38125

FRANCISCO SALAZAR
7810 CALLAGHAN RD
San Antonio, TX 78229

FRANCISCO SIS
2032 COLUMBIA PIKE
Arlington, VA 22204

FRANKI VELASQUEZ
213 19TH ST
Fairview, NJ 07022

FRAY BLANCO
213 9TH ST
Fairview, NJ 07022

GABRIEL PENOVI
4000 HORIZON HILL BLVD
San Antonio, TX 78229

GERONIMO OSEGUERA
434 SHARP ST
Hackettstown, NJ 07840

GUSTAVO PUGA
334 ANDERSON AVE
Cliffside Park, NJ 07010

HECTOR GONZALEZ RIVERA
137 WATERFALL PL
Dallas, TX 75240

HENRY SANCHEZ
34 101 ST
Corona, NY 11368

HERBERT MAZARIEGOS
108 CHELLE CT
Ladson, SC 29456

ISMAEL CARDOSO
1200 PATRICIA
San Antonio, TX 78213

ISMAEL ORTEGA
1200 PATRICIA
San Antonio, TX 78213

IVAN ANIBAL SOLORZANO FLECHER
160 NW 35TH ST
Miami, FL 33142

IVAN CALVA CRUZ
28 NEVADA AVE
Medford, NY 11763

IVAN FLORES
496 ANDERSON AVE
Cliff Park, NJ 07110

JAIR VENTURA CRUZ
13847 WATERFALL PL
Dallas, TX 75241

JAIRO GUERRA
121 MAIN ST
Hackettstown, NJ 07840

JAVIER ALDANA
5822 9TH STR NW
Washington, DC 20011

JEFFERSON APARTMENT GROUP
600 SOMERSET PARK DR
Leesburg, VA 20175

JESUS CASTANEDA
3224 W SALINAS
San Antonio, TX 78207

JESUS DOMINGEZ
496 ANDERSON AVE
Cliffside Park, NJ 07010

JESUS VALENTIN RANGEL RECIO
36440 N WESTMOORE AVE
Lake Villa, IL 60046

JONATHAN ESPINOZA
3009 MAINE AVE
Medford, NY 11763

JONATHAN TRUJILLO
36440 N WESTMOORE AVE
Lake Villa, IL 60046

JORGE LARA
12 SUMMIT ST
East Orange, NJ 07017

JORGE ZURITA
36440 N WESTMOORE AVE
Lake Villa, IL 60046

JOSE AGUIN TOMAS
4602 KENNEDY BLVD
Union City, NJ 07087

JOSE MARCOS
7010 NW 186TH ST
Hialeah, FL 33015

JOSE MARIA CURIALES
210 HEATHER TERR
Round Lake, IL 60073

JOSE T HERRERA
5414 CEDAR RD
Dallas, TX 75235

JOSE VILLASENOR HERRERA
36440 N WESTMOORE AVE
Lake Villa, IL 60046

JOSEPH CARTAGENA
10920 NEW HAMPSHIRE AVE
Silver Spring, MD 20903

JUAN CARLOS HERRERA
5414 CEDAR RD
Dallas, TX 75235

JUAN GABRIEL SIMON
4602 KENNEDY LN
Union City, NJ 07087

JULIO CESAR SANCHEZ CARMONA
1738 PERKIOMEN AVE
Reading, PA 19602

JUNIOR CUSTODIO
10 SPRUCE STREET
Elmwood Park, NJ 07407

KENYA R PINEDA
51 RIVER DR
Dallas, TX 75235

LEANDRO PENA
2278 SHEBOYGAN PL
Kissimmee, FL 34758

Lisa Solarte
36440 N. Westmoore Ave.
Lake Villa, IL 60046

LUCIO VASQUEZ PINA
1310 HIWAY DR
San Antonio, TX 78219

LUIS ALBERTO CRUZ
36440 N WESTMOORE AVE
Lake Villa, IL 60046

LUIS HERNANDEZ VILLASENOR
751 MELBURY
San Antonio, TX 78239

LUIS LUNA VELAZQUEZ
885 N HOOD AVE
Gresham, OR 97030

MANUEL DE JESUS
1451 TERRE AVE
Orlando, FL 32807

MANUEL GONZALEZ
6019 JACKSON ST
West New York, NJ 07093

MANUEL HERNANDEZ
36440 N WESTMOOR AVE
Lake Villa, IL 60046

MARCELINO GARCIA GOMEZ
228 7TH ST
North Bergen, NJ 07047

MARCO SORIA
1009 DEBECK DR
Rockville, MD 20851

MARCOS SALAZAR
7810 CALLAGHAN RD
San Antonio, TX 78229

MARIA GUERRA
5221 SAN FRANCISCO AVE
LAKEWOOD, WA 98449

MARIO CRUZ ALAS GUARDADO
3616 AIRPORT RD
Colorado Springs, CO 80910

MARTIN MURO HERNANDEZ
515 LOCKWOOD AVE
Chicago, IL 60638

MARVIN VALDEZ
250 MORRIS ST
Fairview, NJ 07022

Mary Joyce Hewlett
108 Adams St.
Grand River, IA 50108

MAURICIO BLACKBURN MILLA
13 MILTON AVE
Baltimore, MD 21224

MELVIN MEJIA
148 70TH ST
GUTTENBERG, NJ 07093

MERLIN AGUILAR
176 GESSNER RD
Houston, TX 77080

MICHAEL HERRERA
30 OYSTER BAY
Lakemoor, IL 60050

NALLELY VISAIZ
2901 W CAMINO BUENO
Tucson, AZ 85746

NEHEMIAS PIRIR SIMON
128 PALISADES AVE
Cliffside Park, NJ 07010

NELSON CASTILLO
1554 SOFTSHELL ST
Saint Cloud, FL 34771

NOE HERNANDEZ REYNA
5605 NE 89TH AVE
Vancouver, WA 98662

NORBERTO HERRERA ABURTO
42 CUTTER AVE
Coldwater, MI 49036

OMAR CARO
22739 NE HALSEY ST
Fairview, OR 97024

OMAR CASTRO
5414 CEDAR SPRINGS RD
Dallas, TX 75235

Omero Cortez
210 HEATHER TERR
Round Lake, IL 60073

OSMIN LIMA
3110 HILLCREST DR
San Antonio, TX 78201

PEDRO GONZALEZ
1695 SINGINGWOOD AVE
Pomona, CA 91767

PEDRO LEON
125 DYNA
Houston, TX 77060

PEDRO LOPEZ
36440 N WESTMOORE AVE
Lake Villa, IL 60046

RAMON ESTEVES
42 MARKHAM
Deerfield Beach, FL 33442

RAMON GONZALES RIVERA
137 WATERFALL PL
Dallas, TX 75240

REINA DE LA PAZ FUNES
3909 WOODHUE
Alexandria, VA 22309

REINER DUARTE VALDES
874 SW 158TH CT
Miami, FL 33193

RICARDO LOPEZ
1217 FRANKLIN ST
Racine, WI 53403

RICHARD MESSERLY
210 HEATHER TERR
Round Lake, IL 60073

RODOLFO C LARA
3110 HILLCREST DR
San Antonio, TX 78201

RODRIGO GONZALES RIVERA
137 WATERFALL PL
Dallas, TX 75240

RONALD RIVERA
119 DICKEY AVE
San Antonio, TX 78204

ROSALINO SALAZAR
1130 BABCOCK
San Antonio, TX 78201

SAMUEL ALEJANDRO SANDOVAL
137 WATERFALL PL
Dallas, TX 75240

SANTIAGO LANZILLOTTA
131 HIGHWAY DR
San Antonio, TX 78219

SERGIO IBANEZ
3570 N TAMI LN
Ingleside, IL 60041

SERGIO NEFTALI
148 70TH ST
GUTTENBERG, NJ 07093

UBALDO HERRERA CORONA
36440 N WESTMOORE AVE
Lake Villa, IL 60046

US Department of Labor
Chicago Dist Office
230 S. Dearborn, Suite 412
Chicago, IL 60604

VICENTE HERRERA
5414 CEDAR RD
Dallas, TX 75235

VICENTE PAUL RIVAS
604 ALLISON ST
Hyattsville, MD 20784

VICTOR HUGO RODRIGUEZ
4101 18TH ST
Arlington, VA 22204

Victor Solarte
7204 S. Rawson Bridge Rd.
Cary, IL 60013

VICTORIANO PANO PEREZ
1802 MOUNT PISGAH LN
Silver Spring, MD 20903

VICTORIANO PEREZ AMBROCIO
1802 MOUNT PISGAH LN
Silver Spring, MD 20903

WALTER IVAN LIMA SALAZAR
1130 BABCOCK RD
San Antonio, TX 78201

WALTER RODRIGUEZ
8250 MOUNTAIN ASH
Gaithersburg, MD 20879

WILSON SACORRO RIVERA
10 COOLIDGE AVE
Dover, NJ 07801

WINSTON CASTRO
8417 CREDOS CT
Alexandria, VA 22309

**United States Bankruptcy Court
Northern District of Illinois**

In re **HOTEL REHAB SPECIALISTS LLC**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **HOTEL REHAB SPECIALISTS LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

April 26, 2018

Date

/s/ Derrick B. Hager

Derrick B. Hager 6286310

Signature of Attorney or Litigant

Counsel for **HOTEL REHAB SPECIALISTS LLC**

Derrick b. Hager, P.C.

245 W. Roosevelt Rd.

Building 15, Suite 119

West Chicago, IL 60185

630-587-7490 Fax:630-587-7493

dirkhager@sbcglobal.net

**United States Bankruptcy Court
Northern District of Illinois**

In re HOTEL REHAB SPECIALISTS LLC

Debtor(s)

Case No.

Chapter

7

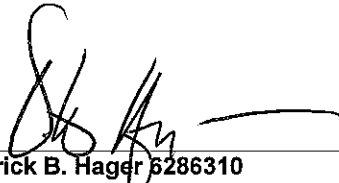
CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for HOTEL REHAB SPECIALISTS LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

April 24, 2018

Date



Derrick B. Hager 6286310

Signature of Attorney or Litigant

Counsel for HOTEL REHAB SPECIALISTS LLC

Derrick b. Hager, P.C.

245 W. Roosevelt Rd.

Building 15, Suite 119

West Chicago, IL 60185

630-587-7490 Fax: 630-587-7493

dirkhager@sbcglobal.net